DMAP - EHR Incentive Program

Path to Payment

This checklist will help guide you through the steps necessary to receive your EHR incentive payment.

1. Make sure you are eligible for the Medicaid EHR Incentive Program. View eligibility guidelines at our Provider Eligibility page.

2. Enroll as a Delaware Medical Assistance Program (DMAP) provider. Contact the Provider Incentive Team at delawarepipteam@hpe.com

3. Make sure you are set-up for Electronic Fund Transfer (EFT) with DMAP:
https://medicaid.dhss.delaware.gov/

4. Obtain you Certified EHR number at
https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf

5. Register for the program through the CMS website: https://ehrincentives.cms.gov/hitech/login.action

Professionals will need:

- National Provider Identifier (NPI)

- National Plan and Provider Enumeration System (NPPES) User ID and Password

- Payee Tax Identification Number (if you are reassigning your benefits)

- Payee National Provider Identifier (NPI)(if you are reassigning your benefits)

- Phone, Business Address, Email

Hospitals will need:

- CMS Identity and Access Management (I&A) User ID and Password

- CMS Certification Number (CCN)

- National Provider Identifier (NPI)

- Hospital Tax Identification Number

- Phone, Business Address, Email

6. Receive email from DMAP notifying you that we received your registration from CMS. This should occur 1 – 2 days after successful registration with CMS.

7. Log on to the DMAP Portal website: https://medicaid.dhss.delaware.gov/

8. Complete the DMAP EHR Incentive Program Application

Professionals will need:

- CMS EHR Certification ID

- Methodology used to report encounter volume (group or individual)

- Encounter volume reporting period

- Encounter volume services provided in a hospital setting

- Total encounter volume by service locations:

    o   Total encounters

    o   Total Medicaid encounters

    o   Total DMAP Medicaid encounters

    o   Total underserved encounters for FQHC locations

- Service locations that will use Electronic Health Records

- Attestation of Adoption, Implementation, and Upgrade in 2011

- Meaningful use measure information and numerator/denominator values (for applications in 2012 and beyond)

- Application certification and electronic signature

Note: Professionals will be required to upload the purchase order and/or contract signature page for the certified EHR technology. Also Professionals are required to upload a copy of the report used to calculate patient volumes. All documents must be in PDF format. File size is limited to 2MB per document.

Hospitals will need:

- CMS EHR Certification ID

- Volume reporting period

- Total discharge volume for each service location

- Total Medicaid discharge volume for each service location

- Total DMAP Medicaid discharge volume for each service location

- Last full fiscal year begin and end dates

- Hospital Cost Report Data:

  o Discharge amounts for previous three years to last full year

  o Medicaid patient bed days

  o Medicaid managed care inpatient bed days

  o Total inpatient bed days

  o Total hospital charges

  o Total charity care charges

- Attestation of Adoption, Implementation, and Upgrade in 2011

- Attestation of Meaningful Use if selected by hospitals in 2011

- Meaningful use measure information and numerator/denominator values (for applications in 2012 and beyond)

- Application certification and electronic signature

Note: There is no Medicaid patient volume for Children's Hospitals

Hospitals will be required to upload the purchase order and/or contract signature page for the certified EHR technology. Also Hospitals are required to upload a copy of the report used to calculate patient volumes. All documents must be in PDF format. File size is limited to 2MB per document.

9. Provide clarifying information to the Provider Incentive Program Team: Your application information will be validated against existing Medicaid information. Additional information may be required to process your application. A member from the Provider Incentive Team may need to contact you.

10. Maintain supporting information for all data and volume amounts provided during registration and application for 6 years. DMAP will perform audits to validate application information and provider activities necessary to be eligible for this incentive program.

11. Notification of approval and incentive payment processing status will be sent to the email address you provided during registration and application. Your incentive payment will be issued within 60 days.

If you would like more information on the DMAP Provider Incentive Program for Electronic Health Records please direct your inquiries to Delawarepipteam@hpe.com